



## TOWN OF FOXBOROUGH

### Inspections Department

40 South Street

Foxborough, MA 02035

Telephone: (508) 543-1206 / Facsimile: (508) 543-6278

### APPLICATION TO INSTALL SWIMMING POOL

Permit Fee: Above Ground - \$40.00, In-ground - \$60.00

**Directions:** Fill out the application completely. Include a **certified plot plan** showing the location of the proposed pool\* with distances to the property lines clearly marked. The plan should show locations of fences, structures pertaining to the pool, septic system and walkways.

**\*Note:** The pool can not be located any closer than 15 feet from the side and rear property lines and cannot be located in the front yard.

PROPERTY OWNER: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ TEL. #: \_\_\_\_\_

LOCATION OF INSTALLATION: \_\_\_\_\_

NAME OF INSTALLER: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ TEL. #: \_\_\_\_\_

TYPE OF POOL: \_\_\_\_\_

LENGTH: \_\_\_\_\_ WIDTH: \_\_\_\_\_ DEPTH (MAX.): \_\_\_\_\_

WATER SOURCE: \_\_\_\_\_ DOES THE POOL HAVE A FILTER SYSTEM: \_\_\_\_\_

TYPE OF POOL ENCLOSURE: \_\_\_\_\_ HEIGHT: \_\_\_\_\_

APPLICANT/AUTHORIZED AGENT SIGNATURE: \_\_\_\_\_

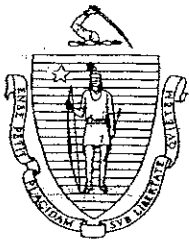
Estimated Cost \_\_\_\_\_ DATE: \_\_\_\_\_

**Note: Electric Permit is required for any electrical work performed.**

### OFFICE USE ONLY

Board of Health Approval: \_\_\_\_\_  
Health Agent \_\_\_\_\_ Date \_\_\_\_\_

Inspections Dept. Approval: \_\_\_\_\_  
Building Commissioner \_\_\_\_\_ Date \_\_\_\_\_



The Commonwealth of Massachusetts  
Department of Industrial Accidents  
Office of Investigations  
600 Washington Street  
Boston, MA 02111  
www.mass.gov/dia

**Workers' Compensation Insurance Affidavit: Builders/Contractors/Electricians/Plumbers**  
**Applicant Information** **Please Print Legibly**

Name (Business/Organization/Individual): \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_ Phone #: \_\_\_\_\_

**Are you an employer? Check the appropriate box:**

- |   |  |
|---|--|
| <p>1. <input type="checkbox"/> I am a employer with _____ employees (full and/or part-time).*</p> <p>2. <input type="checkbox"/> I am a sole proprietor or partnership and have no employees working for me in any capacity. [No workers' comp. insurance required.]</p> <p>3. <input type="checkbox"/> I am a homeowner doing all work myself. [No workers' comp. insurance required.] †</p> | <p>4. <input type="checkbox"/> I am a general contractor and I have hired the sub-contractors listed on the attached sheet. ‡ These sub-contractors have workers' comp. insurance.</p> <p>5. <input type="checkbox"/> We are a corporation and its officers have exercised their right of exemption per MGL c. 152, §1(4), and we have no employees. [No workers' comp. insurance required.]</p> |
|---|--|

**Type of project (required):**

6. ☐ New construction
7. ☐ Remodeling
8. ☐ Demolition
9. ☐ Building addition
10. ☐ Electrical repairs or additions
11. ☐ Plumbing repairs or additions
12. ☐ Roof repairs
13. ☐ Other \_\_\_\_\_

\*Any applicant that checks box #1 must also fill out the section below showing their workers' compensation policy information.

†Homeowners who submit this affidavit indicating they are doing all work and then hire outside contractors must submit a new affidavit indicating such.

‡Contractors that check this box must attached an additional sheet showing the name of the sub-contractors and their workers' comp. policy information.

***I am an employer that is providing workers' compensation insurance for my employees. Below is the policy and job site information.***

Insurance Company Name: \_\_\_\_\_

Policy # or Self-ins. Lic. #: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Job Site Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

**Attach a copy of the workers' compensation policy declaration page (showing the policy number and expiration date).**

Failure to secure coverage as required under Section 25A of MGL c. 152 can lead to the imposition of criminal penalties of a fine up to \$1,500.00 and/or one-year imprisonment, as well as civil penalties in the form of a STOP WORK ORDER and a fine of up to \$250.00 a day against the violator. Be advised that a copy of this statement may be forwarded to the Office of Investigations of the DIA for insurance coverage verification.

***I do hereby certify under the pains and penalties of perjury that the information provided above is true and correct.***

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Phone #: \_\_\_\_\_

**Official use only. Do not write in this area, to be completed by city or town official.**

City or Town: \_\_\_\_\_ Permit/License # \_\_\_\_\_

Issuing Authority (circle one):

1. Board of Health 2. Building Department 3. City/Town Clerk 4. Electrical Inspector 5. Plumbing Inspector  
6. Other \_\_\_\_\_

Contact Person: \_\_\_\_\_ Phone #: \_\_\_\_\_

Suggested Affidavit for Home Improvement Contractor Permit Application

For Office Use Only

Permit No. \_\_\_\_\_

Date \_\_\_\_\_

**TOWN OF FOXBOROUGH**

**AFFIDAVIT**

**Home Improvement Contractor Law  
Supplement to Permit Application**

MGLc.142A requires that the "reconstruction, alteration, renovation, repair, modernization, conversion, improvement, demolition, or construction of an addition to any pre-existing owner-occupied building containing at least one but not more than four dwelling units...or to structures which are adjacent to such residence or building" be done by registered contractors, with certain exceptions along with other requirements

Type of Work: \_\_\_\_\_ Estimated Cost: \_\_\_\_\_

Address of Work: \_\_\_\_\_

Owner Name: \_\_\_\_\_

Date of Permit Application: \_\_\_\_\_

Registration is not required for the following reason(s)

\_\_\_\_\_ Work excluded by law

\_\_\_\_\_ Building not owner-occupied

\_\_\_\_\_ Other (specify \_\_\_\_\_)

\_\_\_\_\_ Job under \$1,000

\_\_\_\_\_ Owner pulling own permit

Notice is hereby given that:

**OWNER PULLING THEIR OWN PERMIT OR DEALING WITH UNREGISTERED CONTRACTORS FOR APPLICABLE HOME IMPROVEMENT WORK DO NOT HAVE ACCESS TO THE ARBITRATION PROGRAM OR GUARANTY FUND UNDER MGLc.142A.**

Signed under penalties of perjury:

I hereby apply for a permit as the agent of the owner:

\_\_\_\_\_ Date

\_\_\_\_\_ Contractor Name

\_\_\_\_\_ Registration No.

OR:

Notwithstanding the above notice, I hereby apply for a permit as the owner of the above property:

\_\_\_\_\_ Date

\_\_\_\_\_ Owner Name